



*Commonwealth of Massachusetts*  
*Department of the State Treasurer*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
Telephone: (617) 727-3040  
Fax: (617) 727-1258

**Timothy P. Cahill**  
*Treasurer and Receiver General*

**Eddie J. Jenkins**  
*Chairman*

**Application for a storage permit  
in a duly licensed Bonded Warehouse**  
(M.G.L. Chapter 138, Section 20)

LICENSEE NAME: \_\_\_\_\_

The undersigned being the holder of a \_\_\_\_\_ License No. \_\_\_\_\_

hereby applies for a permit to store alcoholic beverages during the year 20\_\_\_\_.

**ADDRESS OF PREMISES:**

(State every entrance and exit to the particular premises to be covered by the permit, including cellar bulkheads).

Street	City or Town	Zip Code
--------	--------------	----------

**DETAILED DESCRIPTION OF THE PREMISES TO BE USED FOR STORAGE:**

(State number of rooms on each floor).

Have you registered with the Food and Drug Administration? \_\_\_\_\_

FDA REGISTRATION NO. \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Is the premises located within 500 feet of a school or building devoted to divine worship such as a church or synagogue?

YES \_\_\_\_\_ NO \_\_\_\_\_. (If yes, state information accurately and in full detail.)

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE	DATE
-----------	------

POSITION/TITLE	TELEPHONE NUMBER/FAX NUMBER
----------------	-----------------------------

Pursuant to M.G.L. Ch. 62 C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL      DATE  
OR CORPORATE NAME

\_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER

\_\_\_\_\_  
SIGNATURE OF      DATE  
CORPORATE OFFICER  
(IF APPLICABLE)

PERMIT FEE:    \$1,000.00

(PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS)

CHECK: \_\_\_\_\_

MONEY ORDER: \_\_\_\_\_

(UNDER THE PROVISIONS OF SECTION 20, OF CHAPTER 138 OF THE GENERAL LAWS, THERE SHALL NOT BE GRANTED TO ANY MANUFACTURER OR WHOLESALER AND IMPORTER, IN THE AGGREGATE, MORE THAN THREE STORAGE PERMITS IN THE COMMONWEALTH, NOT MORE THAN ONE SUCH PERMIT IN ANY CITY OR TOWN.)

FORM 15A  
09/03

**MONETARY TRANSMITTAL FORM 1**

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.  
PLEASE DO NOT SEND CASH.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

PLEASE MAKE YOUR CHECKS PAYABLE TO:

COMMONWEALTH OF MASSACHUSETTS, ABCC.

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
RAILROAD MASTER FOR SALE TO PASSENGERS	3009	_____	\$ 500.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$ _____
STEAMSHIP	3010	_____	\$ 500.00	\$ _____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$ _____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$ _____
CHECK TOTAL				\$ _____